

**MARICOPA INTEGRATED HEALTH SYSTEM HEALTH PLANS
PROTOCOL**

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| SUBJECT: Cochlear Device Implantation | Protocol #: PA P151.03 Protocol Pages: 1 Attachments: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Initial Effective Date: June 1999 Latest Review Date: May 2002 |
| APPLIES TO: MHP <input checked="" type="checkbox"/> MLTCP <input checked="" type="checkbox"/> MSSP <input checked="" type="checkbox"/> HEALTHSELECT <input type="checkbox"/> | |
| MIHS HEALTH PLANS APPROVALS: Director, Medical Management: _____ Date: _____ Medical Director: _____ Date: _____ Reviewed by Dr. T. Van Sant | |

PURPOSE: The purpose of this protocol is to state the Prior Authorization Criteria that the Medical Management Department will use as it pertains to Cochlear Device Implantation.

PROTOCOL:

- A. Cochlear Device Implantation
ICD9: 20.96
CPT#: 69930
- B. The prior-authorization specialist may approve **with Medical Director review** and if **all** the following are met:
 - 1. Adults (18 or more years of age):
 - a. Sensorineural deafness, unresponsive to hearing aides, when auditory nerve can be stimulated;
 - b. Postlingual deafness, as defined by the FDA;
 - c. Ability to learn and use auditory clues and willingness to undergo extended rehabilitation **and**
 - d. Freedom from middle ear infection.
 - 2. Children (ages 2 through 17 years old)
 - a. No labeled contraindication to implant;
 - b. Diagnosis of bilateral profound sensorineural deafness with little or no benefit from a hearing or vibrotactile aide, as demonstrated by the inability to improve on age-appropriate closed-set word identification tasks **and**
 - c. Freedom from middle ear infection.
- C. This criteria is a guideline for prior authorization and does not represent a standard of practice or care.
- D. This protocol addresses medical coverage issues only and does not review individual benefit coverage issues. In order to issue an authorization number, the procedure must meet medical guidelines and benefit coverage guidelines under the specific plan.

MIHS Health Plans reserves the right to change the protocol for administrative or medical reasons without notification to external entities. This protocol is not intended to be utilized as a basis for a claim submission.